

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. \_\_\_\_\_  
FILING DATE \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1						51		
2		1					52		
3		2					53		
4	1						54		
5	1						55		
6	1						56		
7	1						57		
8	1						58		
9							59		
10	1						60		
11	1						61		
12	1						62		
13	1						63		
14	1						64		
15	1						65		
16	2						66		
17	2						67		
18	1						68	1	
19	1						69	1	
20	1						70	1	
21	1						71		
22	1						72	1	
23		1					73		
24		1					74		
25		1					75		
26		1					76		
27		1					77		
28		1					78		
29		1					79		
30		1					80	1	
31		1					81	1	
32		1					82	1	
33		1					83		
34		1					84		
35		1					85		
36		1					86	1	
37		1					87	1	
38		1					88		
39		1					89		
40		1					90		
41		1					91		
42		1					92		
43		1					93		
44		1					94		
45		1					95		
46		1					96		
47		1					97		
48		1					98		
49		1					99		
50		1					100		
TOTAL IND.	3						TOTAL IND.	2	
TOTAL DEP.	22	→	→	→			TOTAL DEP.	45	→
TOTAL CLAIMS	25						TOTAL CLAIMS	47	→